



UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/690,574	10/17/2000	Michael J Daily	HRL048

Cary Tope-McKay
23852 Pacific Coast Highway #311
Malibu, CA 90265



FORMALITIES LETTER



Date Mailed: 12/04/2000

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

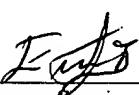


Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

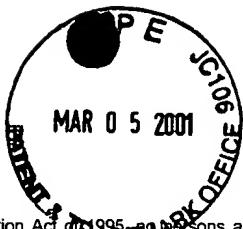

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART I - ATTORNEY/APPLICANT COPY

03/12/2001 GTEFFERA 00000112 09690574

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03-07-01

sector
C #3

PTO/SB/93 (10-96)

Approved for use through 10/31/99. OMB 0651-0031
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Signature of person mailing correspondence

Cary Tope-McKay

Typed or printed name of person mailing correspondence

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/690,574
		Filing Date	10/17/00
		First Named Inventor	DAILY
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	HRL048

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	CARY TOPE-MCKAY
Signature	
Date	3/17/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

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PTO/SB/17 (12/99)
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments **must** be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$110.00)

Complete if Known

Application Number	09/690,574
Filing Date	10/17/00
First Named Inventor	DAILY
Examiner Name	
Group / Art Unit	
Attorney Docket No.	HRL048

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	<input type="text"/>
106	310	206	155	Design filing fee	<input type="text"/>
107	480	207	240	Plant filing fee	<input type="text"/>
108	690	208	345	Reissue filing fee	<input type="text"/>
114	150	214	75	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/> -20** = <input type="text"/> 0	<input type="text"/> x <input type="text"/> 0	<input type="text"/> 0
Independent Claims	<input type="text"/> -3** = <input type="text"/> 0	<input type="text"/> x <input type="text"/> 0	<input type="text"/> 0
Multiple Dependent	<input type="text"/> 0	<input type="text"/> 0	<input type="text"/> 0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130	Non-English specification	<input type="text"/>
147	2,520	147	2,520	For filing a request for reexamination	<input type="text"/>
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55	Extension for reply within first month	<input type="text"/>
116	380	216	190	Extension for reply within second month	<input type="text"/>
117	870	217	435	Extension for reply within third month	<input type="text"/>
118	1,360	218	680	Extension for reply within fourth month	<input type="text"/>
128	1,850	228	925	Extension for reply within fifth month	<input type="text"/>
119	300	219	150	Notice of Appeal	<input type="text"/>
120	300	220	150	Filing a brief in support of an appeal	<input type="text"/>
121	260	221	130	Request for oral hearing	<input type="text"/>
138	1,510	138	1,510	Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55	Petition to revive - unavoidable	<input type="text"/>
141	1,210	241	605	Petition to revive - unintentional	<input type="text"/>
142	1,210	242	605	Utility issue fee (or reissue)	<input type="text"/>
143	430	243	215	Design issue fee	<input type="text"/>
144	580	244	290	Plant issue fee	<input type="text"/>
122	130	122	130	Petitions to the Commissioner	<input type="text"/>
123	50	123	50	Petitions related to provisional applications	<input type="text"/>
126	240	126	240	Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$110.00)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$110.00)

SUBMITTED BY

Name (Print/Type)	Cary Tope-Mckay	Registration No. (Attorney/Agent)	41,350	Telephone	(310) 291-0390
Signature				Date	3/19/01

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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